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Only

FE5AN018

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

SECRETARY OF THE SENATE

14 JUL 18 AM 10: 24

FEC FORM 3

(Revised 02/2003)

FOI AII	For Air Authorized Committee				Office Use Only	
NAME OF TYPE OR PRI COMMITTEE (in full)	· —	xample: If typi ver the lines.	ng, type	12FE4M5		
Gommittee to Elect Drk Adom						
<u> </u>						
ADDRESS (number and street)	shields	2 Mer	2001	 		
Check if different than previously reported. (ACC)	all.		<u> </u>	Mi F	3097.11	
reported. (ACC) (ACC) (ACC) 2. FEC IDENTIFICATION NUMBER ▼	CITY	<u> </u>				
To be seen to the	CITT			STATE	ZIP CODE STATE ▼ DISTRICT	
C 00548776	3. IS THIS REPORT	(N)	OR	AMENDED (A)	MJ DI	
4. TYPE OF REPORT (Choose One)				·.		
(a) Quarterly Reports:	(b) 12-Day PRE	-Election Rep	ort for the:			
		Primary (12F)	General (12G)	Runoff (12R)	
April 15 Quarterly Report (Q1)		Convention	(100)	<u>-</u> - 1	(
July 15 Quarterly Report (Q2)		Convention ((120) (Special (12S)		
October 15 Quarterly Report (Q3)	Election on	ÖĞ	03	2014	in the State of	
January 31 Year-End Report (YE)	(c) 30-Day POS	T-Election Re	port for the:			
rest		General (300	a) [Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on	[M M]	D D /	7 7 7 7 7 7	in the State of	
5. Covering Period 03 16 ZO 14 through 06 20 ZO 24						
I certify that I have examined this Report and to	the best of my kn	owledge and	belief it is tr	ue, correct and con	nolete	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Type or Print Name of Treasurer Type or Print Name of Type or Print Name of Treasurer Type or Print Name of Type or Print Name or Print Name of Type or Prin						
Signature of Treasurer	16	lu	LL :	Date Onto	14 2014	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.						
Office Use					EC EODM 3	